

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 123

(check only one)

| | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Jim Tracy for Congress

Full Name (Last, First, Middle Initial)

CHARLES W. HAND JR.

A.

Mailing Address P.O. BOX 30789

City

CLARKSVILLE

State

TN

Zip Code

37040-0014

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAND FAMILY TN,LLC- BUDWEISER OF CHA

Occupation

PARTNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 20 | | 2013 |

Transaction ID : SA11.170

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RAY HAND

Mailing Address 1155 SCENIC DR

City

KNOXVILLE

State

TN

Zip Code

37919-7643

FEC ID number of contributing
federal political committee.

C

Name of Employer

EAGLE DISTRIBUTING CO

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 29 | | 2013 |

Transaction ID : SA11.171

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MARK F. HARDISON

Mailing Address 2123 RIVERVIEW DR

City

MURFREESBORO

State

TN

Zip Code

37129-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 20 | | 2013 |

Transaction ID : SA11.174

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00